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PREPARE IN DUPLICATE							DP5/078/155 -7
1. TITLE OF REPORT (if a fill-in report include Form No.)							2. TYPE X STATISTICAL
Evaluation of OTR Training (ISS/IT portion)							OF HARRATIVE
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3. FUNCTIONAL AREA		LOGISTICS MEDICAL		SECURITY			OTHER (specify)
4. NO. OF COPIES PREPARED			ekly, n	FINANCE, monthly, quarterly, etc			6. DISTRIBUTION (No. of components not
2					number of copies)		
2	Annual				1 25X1		
7. FORMAT (memorandum, form computer print-out, etc)							RECTIVE AUTHORITY REQUIRING REPORT
Memorandum			SGIVE	VE ADP PROCESSING NO. HR			; Memo
10. PREPARING COMPONENT			·	II. FFFDER R	EPORTS (4368, 17 Oct 68 from ExDir-
10. PREPARING COMPONENT (include lowest level contributing information to report) II. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)							
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TOTAL COSTS PER YEAR						6.50	
13. COMPLETE DETAILED JU	STIFI	CATION FOR THIS	REPORT	(in addition	to dire	ctive	or authority cited in item 9). IF KNOWN.
INCLUDE DATE REPORT	WAS F	IRST STARTED AND	COMPON	IENT WHO ESTA	RELISHED	REQUIR	EMENT.
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